

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37658**

FILED DEC 13 1947

Registration District No. **1778**

Primary Registration District No. **5437**

Registrar's No. **778**

1. PLACE OF DEATH:

(a) County **Gasconade**
(b) City or town **Rural, Bourbois Twp.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 year** (Specify whether years, months or days)
In this community **1 year**

3. (a) PRINT **David Lee Ellis**
FULL NAME

3. (b) If veteran, ***** name war *****
3. (c) Social Security No. *****

4. Sex **male** 5. Color or race **white**
6. (a) Single, widowed, married, divorced **single**

6. (b) Name of husband or wife *****
6. (c) Age of husband or wife if alive ***** years

7. Birth date of deceased **November 26 1946**
(Month) (Day) (Year)

8. AGE: Years **1** Months **0** Days **8**
If less than one day hr. min.

9. Birthplace **Owensville Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **none**

11. Industry or business **none**

12. Name **Dale Ellis**

13. Birthplace **Jakes Prairie Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Loretta Miller**

15. Birthplace **Oak Hill Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Dale Ellis**

(b) Address **Owensville, Mo. Route 3**

17. (a) **Burial** (b) Date thereof **12-6-'47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Licklider Cemetery**

18. (a) Signature of funeral director **Milford H. H. Winter**

(b) Address **Owensville, Mo.**

19. (a) **12-6-47** (b) **Dorothy H. Homan**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Gasconade**
(c) City or town **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **Owensville Route 3**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **4**
year **1947** hour **8** minute **15 A.** M.

21. I hereby certify that I attended the deceased from **Nov. 26** to **Dec. 4** 1947;
that I last saw him alive on **Dec 2** 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death **Patent foramen ovale since birth. Death due to decompensation due to a bore congenital defect**
Due to **a bore congenital defect**

Due to

Other conditions **None**
(Include pregnancy within 3 months of death)

Major findings:
Of operations **157E**

Of autopsy

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)

While at work? (e) Means of injury

23. Signature **Paula Brown** (M. D. or other)

Address **Owensville, Mo.** Date signed **12-6-47**

Date Filed 12-12-47
District File Number _____
District Health Officer No. 9,

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____
Harvey Kahle, Registered Apprentice No. 9,
working under my personal supervision.

Signed W. F. Gottemstrater
Licensed Embalmer No. 1444
P. O. Address Owensville, Mo.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)
If this body is not embalmed, fact should be so stated above.